

benefit of savings to the state because Medicaid covers the majority of claims for community-based services. Federal funds covered 59% (\$94 million of the over \$160 million paid) of state and Medicaid claims for services in 2007. By comparison, the federal proportion paid for hospitalization was far lower, at 19% (\$13.2 million) of over \$71.3 million paid.

Exhibit 8

Cost of Hospitalization and Services by Public Funding Source, Calendar Year 2007

Source	Hospitalization	Community-Based Services	Total by Source
State	\$ 50,676,101	\$ 13,339,644	\$ 64,015,745
Medicaid: State Share	7,449,693	52,898,826	60,348,519
Medicaid: Federal Share	13,243,899	94,042,356	107,286,255
Total	\$ 71,369,693	\$ 160,280,826	\$ 231,650,519
Note: The state share of Medicaid costs was 36% in Fiscal Year 2006-07.			

Source: Program Evaluation Division based on data from MHDDSAS.

In general, children fared better when it came to follow-up services, but they were just as likely to be rehospitalized as adults. Striking similarities emerged when the 4,955 children in this sample were compared with adults. In terms of the number of hospitalization episodes and days hospitalized, differences between children and adults were indiscernible. For example, children were just as likely to be rehospitalized in 2007 as adults (21% and 22%, respectively) and they experienced 1.71 rehospitalization episodes, compared with 1.82 among adults. About one-quarter of children (24%) and adults (26%) had a history of multiple prior hospitalizations.

Children did differ from adults on diagnostic categories: less than one-quarter (22%) had substance abuse or dual diagnoses, as compared with half of adults. Children were more likely to receive services after discharge than adults (67% versus 54%). Among consumers who did receive services, children were more likely to see a psychiatrist (65% versus 50%). In general, then, these children were just as troubled as adults in the sample but fared better in terms of services. Faring better, however, is relative: one-third of children did not receive services at all, and, of those who did, only two-thirds saw a psychiatrist in 2007. In spite of having received relatively more services than adults, the data suggest hospitalization was just as likely among children as among adults.

Finding 5. Contrary to expectations, most consumers received low-rather than high-intensity services. The Program Evaluation Division consulted with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS) to categorize outpatient services in terms of intensity. *High-intensity* services, such as crisis and Assertive Community Treatment Team, were provided by skilled clinicians primarily to address acute and serious mental health and substance abuse treatment needs. *Moderate-intensity* services, including residential and day support programs, provided longer term habilitation and support that enabled consumers to remain safely and successfully in the community. *Low-*